

Division of Workers Compensation

**KANSAS DEPARTMENT OF LABOR**

800 S.W. Jackson Street, Suite 600, Topeka, KS 66612-1227

phone – 785-296-3441 • fax – 785-296-8580

web site – www.dol.ks.gov

**DO NOT WRITE IN THIS SPACE**

Full Name of  
Deceased Employee \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address at Time of Death \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (Zip) \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address (street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (Zip) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

**SURVIVING SPOUSE,  
DEPENDENT OR HEIR  
APPLICATION FOR  
HEARING**

**ACCIDENTAL INJURY OR OCCUPATIONAL DISEASE**

Date of accident or disease \_\_\_\_\_, \_\_\_\_\_ Hour \_\_\_\_\_ M. Date of death \_\_\_\_\_, \_\_\_\_\_

How did accident occur? \_\_\_\_\_

In what county did accident occur? \_\_\_\_\_ at or near (city) \_\_\_\_\_ (state) \_\_\_\_\_

If accident did not happen within state of Kansas, county where hearing could be most conveniently held? \_\_\_\_\_

**SURVIVING SPOUSE, DEPENDENTS OR HEIRS**

<u>Name</u>	<u>Address</u>	<u>E-mail Address</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Applicant's Printed Name

Applicant's Signature

Date

**DO NOT WRITE IN THIS SPACE**

Attorney for Applicant \_\_\_\_\_

Attorney's Printed Name \_\_\_\_\_

Address (street) \_\_\_\_\_

(city) \_\_\_\_\_ (state) \_\_\_\_\_ (Zip) \_\_\_\_\_

E-mail Address \_\_\_\_\_

(for purposes of hearing notices)

Kansas Supreme Court Number \_\_\_\_\_

**Federal Privacy Act Disclosure Section 7(a)(2)(B)**

The mandatory requirement that social security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of social security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the social security number.